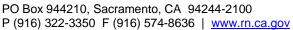


## **BOARD OF REGISTERED NURSING**





## **MENTAL HEALTH EXAMINATION**

Name of Probationary Nurse:	License #:
perform a mental health examination including a clinical of license, which includes scope of practice to conduct a experience in providing evaluations of health professional Board's Decision, Stipulated Settlement, Accusation and/o	g a probation term with this Board and has chosen you to diagnostic evaluation. (1) You must hold a valid, unrestricted a clinical diagnostic evaluation (2) have at least 3 years of als with the substance abuse disorder(s)/Issues stated in the or Statement of Issues (3) be pre-approved by the Board (The g the examination.) Initial that you meet the above
YOUR NAME, LICENSE NUMBER, CURRICULUM VITAE, A Nursing for approval prior to the examination.	AND RESUME must be submitted to the Board of Registered
·	al relationship, or business relationship with the licensee within unbiased, and independent evaluation.
Statement of Issues from the probationary nurse. Comp Probation Unit no later than Forma	I that you obtain a CURES report for this nurse. cision or Stipulated Settlement including the Accusation or lete the examination and submit your narrative report to the at the results of your examination in the narrative, and in and return completed report to the Board of Registered
1. A statement confirming that you have reviewed	the Board Decision or Stipulated Settlement and the
Accusation or Statement of Issues. Also include th	e examination date(s).
2. A diagnosis incorporating DSM 5 criteria based or	n appropriate psychological testing.
3. A description of the methods used in your examinations	ation and the type of test(s) administered, if any.
4. A description of the background and current ment	al health status of nurse.
5. A description of any symptoms or characteristics of	of sociopathic or violent behavior.
6. A description of any restrictions you recommend in	n the nurse's work environment.
7. A description of your prognosis and treatment(s) y	ou are or will be prescribing, including medications.
8. Your opinion as to the probationary nurse's capa	bility to perform the functions of a registered nurse in a
safe and competent manner.	
Examiner's Name:	License #
Specialty, if any:	
Address:	Phone ( ) E-Mail:
Signature:	Date:

Board of Registered Nursing-Probation Unit Attn: Probation Monitor PO Box 944210 Sacramento, CA 94244-2100